

File

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

9 8 002 *A*

2. STATE:

MA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID) Title XIX

4. PROPOSED EFFECTIVE DATE

January 1, 1998

TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

FEDERAL STATUTE/REGULATION CITATION:

Section 1902(a)17 of the Social Security Act, and  
~~Section 1924 of the Act~~

PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, pages 4, 4a, 4b, 4c, 5, 5a,  
26a and Supplement 12 to Attachment 2.6-A same

7. FEDERAL BUDGET IMPACT:

a. FFY \_\_\_\_\_ \$ \_\_\_\_\_  
b. FFY \_\_\_\_\_ \$ \_\_\_\_\_

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

SUBJECT OF AMENDMENT:

Post-Eligibility Treatment of Income

GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

~~OTHER, AS SPECIFIED:~~ Not required under  
42 CFR 430.12(b)(2)(i)

SIGNATURE OF STATE AGENCY OFFICIAL

*Bruce M. Bullen*

PRINTED NAME:

Bruce M. Bullen

TITLE:

Commissioner, Division of Medical Assistance

DATE SUBMITTED:

March 30, 1998

16. RETURN TO:

Bridget Landers  
Coordinator for State Plan  
Division of Medical Assistance  
600 Washington Street  
Boston, MA 02111

**FOR REGIONAL OFFICE USE ONLY**

DATE RECEIVED:

3/31/98

18. DATE APPROVED:

6/6/01

PLAN APPROVED - ONE COPY ATTACHED

EFFECTIVE DATE OF APPROVED MATERIAL:

1/1/98

TYPED NAME:

Ronald Preston

REMARKS:

20. SIGNATURE OF REGIONAL OFFICIAL:

*Ronald Preston*

22. TITLE: Associate Regional Administrator  
Division of Medicaid and State Operations

Revision: HCFA-PM-97-2  
December 1997

SUPPLEMENT 12 TO  
ATTACHMENT 2.6-A  
Page 1  
OMB No. 0938-0673

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Massachusetts

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

SSI recipients are allowed basic personal needs allowance of \$65.00.

TN No. 98-002 A  
Supersedes ----- Approval Date 06-06-01 Effective Date 1/1/98  
TN No. -----